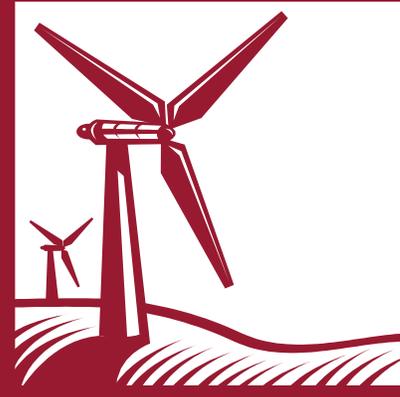


# ACCESS UP *date*

April 2010



The ACCESS Update is a bi-monthly information source from the Iowa Department of Public Health: Bureau of Health Care Access.

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## Iowa Collaborative Safety Net Provider Network

By Sarah Dixon Gale, program manager, Iowa/Nebraska Primary Care Association

### History

The Iowa Collaborative Safety Net Provider Network was created through legislation in 2005 to bring together Iowa's safety net providers to improve access and quality of care for Iowa's underserved and uninsured population. Annually, the Iowa Legislature reviews and appropriates funding for Network activities including expansion of pharmaceutical care, access to specialty care, initiatives related to medical homes for the underserved, and provider awards to support family planning agencies, free clinics, and rural health clinics. The Iowa Department of Public Health, Bureau of Health Care Access is the administrator for the contract with the Iowa/Nebraska Primary Care Association to carry out the activities of the Network.



### Overview

Almost 700,000 Iowans under age 65, approximately 27 percent of the total population, do not have health insurance (Families USA, March 2009). Thousands more have insurance that only covers catastrophic illnesses and accidents. For these individuals and families, there are limited options available for affordable health care.

Many of these Iowans turn to Iowa's safety net providers for affordable primary and preventive health care. Through the unique partnership that formed the Collaborative Network, Iowa's health care safety net providers have united to identify common unmet needs to address cooperatively. Access to pharmaceuticals, specialty care referrals, and health professional recruitment were identified as the first three areas for collaboration. Medical home was most recently added as a priority issue area.

In the beginning, the Network was comprised of Community Health Centers, Free Clinics, and Rural Health Clinics, but the Network has grown tremendously in the past few years to include Family Planning Agencies, Local Boards of Health, and Maternal/Child Health Centers. Because the demand for these providers' services greatly outweighs their resources, there is an ongoing need to coordinate efforts. The recession and increases in unemployment have amplified the challenges these clinics face to remain fiscally solvent while providing care for a growing uninsured population.

# Iowa Collaborative Safety Net Provider Network Cont.

## Focus on Rural Health Clinic Network Funding

Funding to support Rural Health Clinics, Free Clinics, and Family Planning Agencies is one component of the Network legislation and the contract with the Iowa Department of Public Health. The funding must be used to expand access to care for patients by supporting necessary infrastructure (e.g. information technology, financial resource development), statewide coordination, provider recruitment, and/or service delivery (e.g. access to pharmaceuticals, a referral system for ambulatory care, a referral system for specialty care), or to assist patients in determining an appropriate medical home.

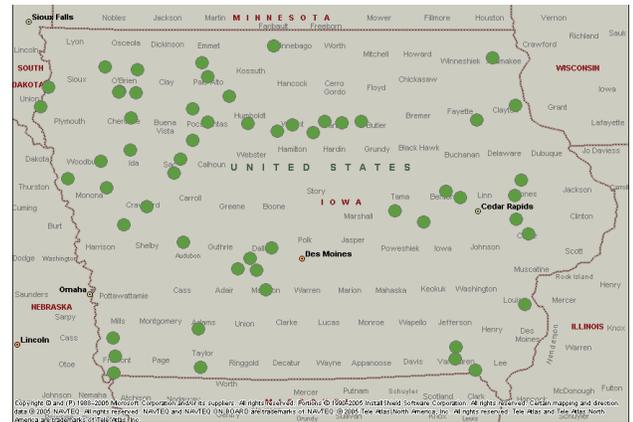


Figure 1: FY10 Participating Rural Health Clinics

In FY10, Rural Health Clinics (RHCs) were allocated \$117,473 for necessary infrastructure, statewide coordination, provider recruitment, service delivery, and provision of assistance to patients in determining an appropriate medical home. Sixty-eight of the 140 RHCs in Iowa applied for and received provider awards in the amount of \$1,580 to support the goals stated above. A map of the locations of the RHCs receiving the provider awards can be found in Figure 1. In order for RHCs to receive a direct provider award, they must complete an application for funding as well as agree to provide annual data to the Network, most of which is patient demographic data.

The remaining \$10,000 was allocated to support the development of a Web site for the Iowa Association of Rural Health Clinics as well as increased communication with the RHCs about Network initiatives and opportunities.

[Click here](#) to continue reading the article

## New Administrator of Centers for Medicare and Medicaid Services



Donald Berwick, M.D., founder, president and CEO at the [Institute for Healthcare Improvement](#) was nominated as administrator of the Centers for Medicare and Medicaid Services (CMS). Charlene Frizzera, COO of CMS and acting administrator since January 2009, will remain COO.

Dr. Berwick, a pediatrician, has been based in Cambridge, Massachusetts at the IHI – an independent, not-for-profit organization that brings together stakeholders to share lessons and identify gaps in quality and best practices. Berwick, seen as a leading patient safety advocate, also serves as a clinical professor of pediatrics and health care policy at Harvard Medical School and a professor in the Department of Health Policy and Management at the Harvard School of Public Health. He also is a member of the Institute of Medicine.

# Featured Article

## Bureau of Health Care Access Hosts Iowa Recruitment and Retention Workshop

By Bobbi Buckner Bentz, MHA, MPH, director Primary Care Office

In February, the Iowa Health Workforce Center and the Primary Care Office held a one-day recruitment and retention workshop for health professional recruiters from around the state of Iowa. The workshop was held at the Des Moines Public Library and 55 attendees came from as near as the greater Des Moines area and as far as Sioux City, Keokuk, Waterloo, and Carroll. Participants included human resource professionals representing critical access hospitals, community mental health centers, and federally qualified health centers, as well as health professional recruiters representing Iowa's larger health systems, health professional training programs, and health recruitment firms.



The intent of the workshop was to familiarize participants with recruitment and retention programs under the auspices of the Iowa Department of Public Health. To this end, the day began with an in-depth overview of the analysis and process related to Health Professional Shortage Area designations, commonly referred to as HPSAs. Following this presentation, the group learned more about two loan repayment programs available to primary care providers in the state of Iowa - the state loan repayment program, [Primary Care Recruitment and Retention Endeavor \(PRIMECARRE\)](#) and the federal loan repayment and scholarship program, [National Health Service Corps](#). These programs both provide loan repayment to primary care clinicians, dentists and dental hygienists, and mental health providers in exchange for two-year commitments on behalf of the clinicians to work in an underserved area as designated by virtue of HPSA status.

The group then learned about the Conrad 30 Program, commonly referred to as the [J-1 Visa Waiver Program](#), which allows international medical graduates on a J-1 visa to work in an underserved area of Iowa for a period of three years. Finally, an overview of the Web site <http://www.3rnet.org> was provided. This Web site is a free resource for Iowa practice sites recruiting health care providers that is sponsored by the Department. Employers can create an account to post employment opportunities on the site and clinicians can create profiles and search available Iowa practice opportunities.

At the end of the day, the workshop attendees discussed the greatest recruitment needs and difficulties in Iowa and experiences attendees have had with the programs discussed during the workshop. Common themes that emerged were issues associated with call/coverage responsibilities for physicians in rural areas, the need for more information regarding retention strategies, the interest in an annual recruitment fair, the need for access to certain specialists

# Featured Article Cont.

in mid-sized and rural areas, the interest for specific workshops and/or webinars related to the programs discussed during the workshop, and continued coordination and correspondence among the attendees.

We would like to thank all the attendees for assisting to make the workshop a success! It was extremely helpful for us to hear about your needs and to receive feedback on IDPH-facilitated programs. We are looking forward to coordinating future efforts and continuing the collaboration between the Department and recruiters across the state. A link to the presentation provided at the workshop is available on the [Bureau of Health Care Access Web page](#). Please direct additional questions on HPSAs, NHSC, or the J-1 program to Bobbi Buckner Bentz, [bbuckner@idph.state.ia.us](mailto:bbuckner@idph.state.ia.us). Please direct additional questions on PRIMECARRE and 3RNet to Erin Drinnin at [edrinnin@idph.state.ia.us](mailto:edrinnin@idph.state.ia.us).

## IOWA PA/NP PRACTICE OPPORTUNITIES Demand Trends — Private Practice 2005 – 2009

	Total Job Opportunities					1-Year	5-Year
	'05	'06	'07	'08	'09	Change	Change
• PA Only	24	23	21	24	22	-2	-2
• NP Only	33	38	34	28	30	+2	-3
• PA or NP	29	67	66	97	85	-12	+56

Source: Iowa Health Professions Tracking Center, UI Carver College of Medicine, December 2009

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[The University of Iowa Office of Statewide Clinical Education Programs](#) conducts an annual market demand study to ascertain the number of job opportunities for physicians and non-physician providers (PAs and NPs) at that point in time. The study covers all potential employers for those workforce categories and has nearly 100 percent response rate each year.

The most recent results for non-physician providers show some interesting patterns. Opportunities with employers that prefer PAs have averaged 23 over the past five years with little variance year-to-year. Similarly, opportunities with employers who prefer nurse practitioners have averaged 33, again with little annual variance. In contrast, job openings with employers that would accept either a PA or an NP increased nearly three-fold during the same period.

# Iowa Legislative Update

## Legislative Update

by: Doreen Chamberlin, bureau chief, Bureau of Health Care Access

The second session of the 83rd Iowa General Assembly ended March 30, one day earlier than expected. Results of the bills we were tracking in the Bureau of Health Care Access are highlighted.

The state government reorganization bill, [Senate File \(SF\) 2088](#), concerned with improving state government through reorganization and efficiency, went through several amendments and passed without the original recommendation that the [Rural Health and Primary Care Advisory Committee](#) be consolidated into the duties assigned to the State Board of Health. Thanks to constituents' efforts to educate the legislature about the committee and its purpose, this recommendation was dropped.

Iowa Needs Nurses Now, [SF 2384](#), passed the Senate on March 24 then the House on March 25. This bill establishes the Iowa Needs Nurses Now Initiative and establishes an infrastructure account to provide grants under the health care workforce shortage fund. Subject to the extent funding becomes available grants will be created to include a nurse residency training state matching grants program.

The bill also creates a nursing workforce data clearinghouse at [Iowa Workforce Development](#) and a health care professional incentive payment program to recruit and retain health care professionals at the [Iowa College Student Aid Commission](#). The bill directs the department of workforce development to consult with the board of nursing, the department of public health, the department of education, and other appropriate entities in developing recommendations to determine options for additional data collection. The bill provides rulemaking authority to the department of workforce development in consultation with the board of nursing to administer the data clearinghouse, and directs that a nursing workforce data clearinghouse shall be established and maintained in a manner consistent with the health care delivery infrastructure and health care workforce resources strategic plan developed by IDPH. The initial plan was submitted to the legislature in December 2009 and can be found at [http://www.idph.state.ia.us/hcr\\_committees/common/pdf/care\\_access/strategic\\_plan\\_phase1.pdf](http://www.idph.state.ia.us/hcr_committees/common/pdf/care_access/strategic_plan_phase1.pdf).

The bill also adds two accounts to the health care workforce shortage fund:

- the Iowa Needs Nurses Now infrastructure account under the control of IDPH to provide for the awarding of grants for clinical simulators, laboratory facilities, health information technology, and other infrastructure to improve the training of nurses and nurse educators in the state, and;
- to enhance the clinical experience for nurses; and the nurse residency state matching grants program account under the control of the department.
- IDPH to provide matching state funding to sponsors of nurse residency programs in this state to establish, expand, or support nurse residency programs that meet standards adopted by rule of IDPH.

The bill has been sent to the Governor for signing. The Governor has 30 days to act on bills passed during the legislature.

# Iowa Legislative Update Cont.

Another bill of interest included a bill that directed the IDPH to convene a workgroup to study the feasibility of providing discounted prescription drugs to the most vulnerable of Iowa's citizens through the use of a federal drug discount program under section 340B of the federal Public Health Service Act. This bill did not pass but highlights the interest in providing pharmaceutical access to underserved Iowans.

Mental Health legislation was addressed via [SF 2335](#) and directed IDPH in cooperation with the Iowa College Student Aid Commission to establish a mental health workforce loan repayment program. This also did not survive the session but indicates the interest of legislators to address the severe shortage of mental health care providers in the state.

The budget was of great interest in the state as economic times remain tight. IDPH will be entering Fiscal Year (FY) 2011 with \$2,108,366 less or a 3.58 percent reduction compared to FY 2010. This figure includes \$785,000 of one-time funding. It does not include the additional loss of \$3 million in stimulus funds, which brings IDPH's actual reduction in FY 2011 compared to FY 2010 to \$5,108,366. The IDPH budget is impacted by factors such as government reorganization savings requirements, early retirements, not filling vacated positions, span of control requirements, lack of funding for salary adjustments for contract state employees, and no cost of living adjustments or merit increases for noncontract state employees. What this means for the bureau remains to be seen in the coming months as we adjust to the changes and requirements enacted by legislation. It will make life interesting to say the least.

For more detail and weekly updates on legislation pertinent to public health, go to the [IDPH Legislative Update](#) published by Lynh Patterson, legislative liaison. Each year Lynh published a legislative summary for the session. The 2010 report is expected to be out later this month.

## **Federal Legislation**

At the federal level, the health care reform debate elicited many emotions and ended in the passage of a historic health care reform package. Health workforce and training support are a big part of health care reform that has not been as widely mentioned in the news media as some of the other components of health reform. The [National Health Service Corps](#) will see a large expansion, there will be increased payments to primary care providers from Medicare, and other funds are directed at training programs and recruitment/retention programs for several different types of health care professionals. The bureau is reviewing the federal legislation and will monitor new grant opportunities as they become available. We will disseminate information through the newsletter and other communications so Iowa stakeholders may benefit from funding opportunities.

# Provider News

## Iowa Rural Providers Work to Improve Community Health

By Kate Payne, Program Planner, Interim FLEX Coordinator

One of the goals of the Rural Hospital Flexibility Program (FLEX) is to provide support for health system development and community engagement in rural areas. The program carries out this goal by: 1) providing grant funds to Critical Access Hospitals (CAHs) and rural Emergency Medical Service (EMS) providers to conduct community focus groups, health needs assessment surveys, or to participate and collaborate with the local board of health and other health care providers and businesses to assess and address community needs; and 2) providing technical assistance, strategies, and educational or training opportunities, including site visits, to CAHs and rural EMS providers.

In Iowa, CAHs and rural EMS providers engage and partner with community leaders to address and improve community health care needs.

Fran Zichal, CEO at Central Community Hospital in Elkader, along with her administrative team, medical staff, and board of directors tackled these tough questions: Do hospitals have a responsibility to improve the health status of the community? Do these same responsibilities apply to Critical Access Hospitals where staff is limited and resources are tight? What are the implications when the hospital is a non-profit corporation?

The Central Community Hospital (CCH) team, using FLEX grant funds, embarked on a study of these questions and created a Community Health Program. Using the [Group Health Cooperative's Center for Community Health and Evaluation](#), CCH followed the four steps recommended for a successful program.

First recommendation: Have clear, understandable, and shared goals to establish what the program is trying to accomplish. It was important to differentiate between community "benefit" and community "health." "At CCH, community health has always been a priority," comments Tom Neuhaus, CCH board member. "Our mission statement includes a people pillar to promote community relationships and partnerships."

Second recommendation: Determine indicators of progress and success. This starts with determining the evaluation process. One important question to ask is, "What does the board expect in two years, five years, ten years?" It is not how many classes you sponsored, but rather how many seventh graders improved their physical assessments after a six-week class. Knowing the goals before the project begins strengthens the indicators. For CCH, the Central Community School seventh grade girls showed a 40 percent increase in strength, endurance, flexibility and balance after a six-week walking and stretching program offered by CCH nurses and therapists. The seventh grade boys showed a 60 percent increase.



Central Community Hospital community education

# Provider News Cont.

Third recommendation: Find out what information is needed need and how to collect and analyze it to determine progress or success. CCH works with the local public health agency to conduct a community assessment analyze the results, and determine a county-wide program. The team meets quarterly to discuss progress on the goals established for the program. Information is gathered from the Central Community School Youth Risk Survey, Clayton County Healthy People 2010, CCH FOCUS groups and the [health statistics by county](#). Some of the resources include the Iowa Hospital Association and Iowa Department of Public Health Web sites. Community preventive services are listed in <http://www.thecommunityguide.org> to help generate ideas for programs. A gap analysis was completed to determine priorities for the county. In addition to CCH staff and boards, the medical providers identified classes, handouts, and one-on-one sessions to help fill in the gaps.



Central Community Hospital school partnership

Fourth recommendation: Know how to communicate the results to audiences that matter. The CCH staff and boards receive a quarterly balanced scorecard summarizing accomplishments. The community receives a monthly newsletter highlighting the community health issues and programs.

Fran shares, "School newsletters, local newspapers, local radio, and church bulletins are additional sources of information on how to participate in the programs as well as the successes and challenges for our small, rural community. Our community faces flooding of the Turkey River on a regular basis. These disasters are a great opportunity for the hospital and community to work together to respond to and mitigate the effects of the disasters. You will find CCH staff sandbagging, making food for volunteers, or sheltering victims. More importantly, after the disaster a team of staff from the hospital, EMS, EMA and public health work with local officials to improve our response and mitigate future disasters."

CCH uses evidence-based practices to determine their community plan, assess the effectiveness, and to strategically plan for the future. Fran states, "FLEX grant funds helped us grow our community health program."

*Story Contributor Fran Zichal, Chief Executive Officer, Central Community Hospital, Elkader, IA*

# Provider News Cont.

## Mental Health Shortage Area Program – St. Anthony Regional Hospital Success Story

By Bobbi Buckner Bentz, director Iowa Primary Care Office

The Mental Health Shortage Area Program is a unique program created by the Iowa Legislature in 2008 to assist in the recruitment and retention of psychiatrists to [underserved areas of the state](#). The program provides funding to recruit and retain psychiatrists to community mental health centers and hospitals with inpatient psychiatric units located in designated mental health professional shortage areas. The Bureau of Health Care Access manages this program via an annual Request for Proposals process that directs all of the appropriated funds to the successful grantees for purposes of recruiting or retaining psychiatrists. In the past three years, recruitment and retention strategies have included retention stipends, sign-on bonuses, continuing medical education opportunities, and equipment and other resource purchases.



St. Anthony Regional Hospital

One of the 2010 grantees, [St. Anthony Regional Hospital](#) in Carroll, was able to use the Mental Health Shortage Area Program to retain their psychiatrist, Dr. Robert Langenfeld, in a unique way. St. Anthony's thoughtfully constructed an application for funding that provided opportunities for Dr. Langenfeld to expand and support his medical practice by purchasing equipment and providing training in areas specific to his personal and professional interests. The funds also supported a small stipend for Dr. Langenfeld.

Dr. Langenfeld is an adult psychiatrist board certified in psychiatry and neurology. He is a native of Carroll, Iowa, and returned to his home community after attending Creighton University in Omaha for college and medical school and serving nine years in the United States Navy. This included a seven-month deployment to Iraq.

The grant from the Iowa Department of Public Health allowed St. Anthony Regional Hospital (SARH) to provide a stipend to Dr. Langenfeld and to purchase a number of therapeutic techniques, programs, and equipment recommended by him in order to improve or augment services offered at SARH. One of the items was an electroconvulsive therapy (ECT) machine and the required additional training for Dr. Langenfeld to work with patients with severe major depression who have not responded to other treatments, and in the treatment of mania. The funding also allowed SARH to obtain IVA Plus, a computer program which is a tool to better assess attention deficit hyperactivity disorder (ADHD) symptoms of individuals between the ages of six through adult. Additional training in eye movement desensitization and reprocessing (EMDR) was secured as well as a voice recognition dictation system to help create clinical records and reduce transcription costs.

St. Anthony Regional Hospital has served the Carroll and surrounding communities since 1905. The philosophy of the founding Franciscan Sisters, who continue their sponsorship of St. Anthony Regional Hospital, reflects dedication to the service of healing and the care of the total person. This includes body, mind and soul, without regard to race,

# Provider News Cont.

creed, sex, age, disability, social status, or ability to pay. Providing quality mental health services to the St. Anthony community continues to be a goal of the hospital.

Financial reimbursement for mental health services is extremely low and qualified medical providers are difficult to recruit and retain. The Mental Health Department at St Anthony Regional Hospital operates at a loss every year. However, the hospital's commitment to meeting the needs of all members of the community remains strong. The money secured from the grant not only aided in retaining Dr. Langenfeld, but also in offering services such as ECT, IVA Plus, and EMDR which are not ordinarily found in rural hospitals.

Dr. Langenfeld, with his wife Heather and their family have made Carroll their home. Carroll, a town of about 10,000 people, has a strong commitment to its citizens, the community and to SARH. This commitment reflects the Midwestern values Dr. Langenfeld grew up with and matches the way he practices today. As Dr. Langenfeld stated, "Why are only large, metropolitan hospitals and their patients able to access the type of services the grant will provide? It should be available to people in rural areas without driving hundreds of miles." Dr. Langenfeld's feelings are shared by Dr Michael Carabine and Susan Muhlbauer, ARNP, Ph.D., who practice with Dr. Langenfeld and are committed to providing excellent mental health services in rural Iowa.

The Request for Proposals (RFP) for the Mental Health Shortage Area Program is currently available on the [IDPH website](#) for the 2011 fiscal year. The RFP can be accessed by going to the IDPH home page and selecting "Grants, Bids, and Proposals." The deadline for proposals is June 24, 2010.

*Story Contributor: Diane Pinneke, LISW, St. Anthony Regional Hospital*

# Worth Noting

## **\*NEW\* National Health Service Corps Loan Repayment for Part-Time Clinicians!**

The [National Health Service Corps](#) (NHSC) has announced the availability of loan repayment for clinicians working part time (20 to 39 hours a week, at least 45 weeks each year) at approved NHSC sites. This is a demonstration project which will be limited to approximately 400 awards nationwide. The criteria will be comparable to the current NHSC loan repayment program:

- Clinicians must be credentialed in an eligible primary care discipline (allopathic or osteopathic primary care physicians, primary care nurse practitioners, certified nurse midwives, primary care physician assistants, dentists, dental hygienists, psychologists, licensed clinical social workers, psychiatric nurse specialists, marriage and family therapists, licensed professional counselors).
- Site must be in a [Health Professional Shortage Area](#) appropriate to discipline of clinician (primary care, dental or mental health shortage area).
- Site must be approved as a [NHSC site](#) eligible to have loan repayors. This requires that sites accept Medicare, Medicaid, and *hawk-i* participants, provide services on a discounted fee schedule, and provide competitive salaries, benefits, and malpractice coverage for clinicians.

A few specific details regarding the part-time loan repayment option:

- Requires a four-year service commitment in exchange for up to \$50,000 in loan repayment.
- Potential for additional years of support after the initial four years in two year increments.
- Application for clinicians will only be available until May 25.
- Sites can go ahead and request part-time vacancies.

If you have specific questions on site eligibility or clinician loan repayment, please refer to the NHSC Web site at: <http://nhsc.hrsa.gov>.

## **No-Cost Rural Nurse Residency Program**

The role of rural nurse often leads to early burnout and high turnover rates when compared with more urban nurse roles (up to 65 percent in the first year of practice). Residency or Transition-to-Practice programs have been shown to be an effective means of reducing the turnover. Idaho State University School of Nursing received federal funding from the HRSA to work with partners in several states to provide a rural generalist residency. The Northwest Rural Nurse Residency (NWRNR) program offers telemedicine, web-conferencing and high tech simulation to make possible a no-cost program to participants. Rural hospitals can utilize this opportunity as part of their workforce strategy to retain nurses.

The next sessions begins in June 2010. Applications are accepted on a first-come basis. For more information: call (208) 282-2982, email [nurseopd@isu.edu](mailto:nurseopd@isu.edu) or visit the Web site at <http://www.isu.edu/nursing/opd/nwrnr.shtml>.

# Worth Noting Cont.

## The Nursing Scholarship Program

The Nursing Scholarship Program is a selective program of the U.S. Government that helps alleviate the critical shortage of registered nurses currently experienced by certain types of health care facilities by helping needy students complete their registered nurse training. In exchange for the scholarship, upon graduation, the newly minted nurses work at these types of facilities for at least two years. More information is available at: <http://www.hrsa.gov/loanscholarships/scholarships/Nursing/index.html>.

## 2010 Agricultural Medicine Course

Iowa's Center for Agricultural Safety and Health and the Great Plains Center for Agricultural Health will host a training program for health care professionals who treat and help prevent occupational illnesses and injuries on the farm. The event will take place June 7-11 at the Sheraton Iowa City Hotel. The course will address diagnosis, treatment and prevention of agricultural health conditions through a multidisciplinary approach. Nurses, physicians, mid-level practitioners, physical and occupational therapists, paramedics, veterinarians, and other health care providers are invited to participate. For more information or to register, contact Kay Mohling at (319) 335-4219 or [kay-mohling@uiowa.edu](mailto:kay-mohling@uiowa.edu). [Click here](#) to see the brochure and registration form.

## American Recovery and Reinvestment Act Funding for Iowa

- **UI Awarded to advance Healthy Aging in Rural Areas**

In April 2009, CDC announced that 35 Prevent Research Centers (PRCs) would receive a combined sum of more than \$25 million for the first year of a five-year cycle. An independent peer-review group had ranked each center's ability to conduct the research its staff proposed, and the funding was awarded to the highest-scoring PRCs. Funds are now available for the centers that had the next two highest scores of the remaining applicants not yet funded. Each center will receive approximately \$790,000 for the first year of the funding period. Researchers at the [University of Iowa Prevention Research Center for Rural Health](#) work with community partners to improve nutrition, physical activity, and healthy aging in rural Iowa and other Midwest populations living with scant health resources and recent flood damage.

- **Iowa one of 45 states to receive funds for elderly nutrition services**

\$692,861 will be used to provide meals at senior centers and other community sites. \$341,101 will be used for home delivered nutrition services delivered to frail elders at home. The funding will be distributed to urban and rural communities. Good nutrition is one of the most valuable illness preventions for the elderly. Nationwide the program is expected to deliver 14 million meals for elderly this year.

- **HIT Regional Extension Centers receive funds for Critical Access Hospital support**

The [Office of the National Coordinator for Health Information Technology](#) (ONC) informed the HIT Regional Extension Centers (RECs) for the adoption and meaningful use of electronic health records that \$12,000 per Critical Access Hospital (CAH) will be provided to the RECs to provide the needed technical assistance. RECs will need to apply for the additional funding. Previously CAHs were excluded in the guidelines.

# Program Announcements

## **Medicare Rural Hospital Flexibility Program (FLEX)**

### **The Iowa Critical Access Hospital Community Benefit Report**

The [National Flex Monitoring Team](#) is pleased to provide you with the attached report detailing the community benefit activities of Critical Access Hospitals (CAHs). This report, which is based on data from the 2007 American Hospital Association Annual Survey of Hospitals, is organized in two parts. The first part contains a brief introduction to the report, a review of the methods, and a discussion of the findings from the analysis of the core and supplemental indicators for all 1,245 CAHs that completed the survey for 2007 compared to all other acute care non-metropolitan, non CAH (non-metro) and metropolitan (metro) hospitals that completed the survey. The second part contains the data for the core and supplemental indicators for the CAHs that completed the 2007 survey from your state compared to the non-metro and metro acute care hospitals in your state that completed the survey. [Click here](#) to see the report.

### **FLEX April Activities:**

- The Medicare Rural Hospital Flexibility Program application was submitted. This application covers a three year period and is competitive.
- FLEX grant contracts are in progress and CAHs will be receiving their contracts in the near future.
- FLEX staff is working with the Iowa Foundation for Medical Care, the Health Information Technology Regional Extension Center in Iowa, to secure expanded funding to assist Iowa's Critical Access and other rural hospitals in achieving meaningful use of health information technology.
- CAH health information technology staff are encouraged to attend the May 6, Iowa HIMSS Chapter meeting. For more information: <http://iowahimss.org>.

## **Iowa Primary Care Office**

With the recent passage of health reform, the [Iowa Primary Care Office](#) (PCO) has been closely tracking information related to increased reimbursement to primary care providers, opportunities for primary care expansion opportunities, and expansion of loan repayment to underserved areas. In anticipation of increased federal funding to the Federally Qualified Health Center Program, the PCO has been working collaboratively with the Iowa/Nebraska Primary Care Association on several potential Medically Underserved Population and Medically Underserved Area analyses and designations in five Iowa communities. In addition to funding for the Health Center program, recent health reform legislation also directed increased funding towards the [National Health Service Corps](#). In addition to American Recovery and Reinvestment Act funding from 2009, the National Health Service Corps will be well-supported for many years into the future.

## **Small Rural Hospital Improvement Program**

The Patient Protection and Affordable Care Act signed by President Obama on March 23, 2010, includes new language for the Small Rural Hospital Improvement Program (SHIP). New section areas of the grant include:

- Prospective Payment Systems - Implementation of prospective payment systems
- Value Based Purchasing - Improving data collection activities in order to facilitate reporting to Hospital Compare

# Program Announcements Cont.

- Accountable Care Organizations - Focused on improving quality outcomes
- Payment bundling - One of the concepts behind bundled payment is building accountability across the continuum of care

In Iowa, hospitals are making last minute changes to submit their funding applications by April 30. Eligibility guidelines were clarified to define "small" hospital as "49 staffed beds or acute care beds" rather than "available beds". The clarification will allow additional hospitals to participate.

Nationally, SHIP distributes over \$15 million to 1,600 hospitals. Last year the Iowa SHIP distributed \$626,717.98 to 77 hospitals. The Iowa program is expecting further guidance and technical assistance regarding the new provisions in the grant. We will then share information and offer technical assistance to Iowa SHIP hospitals. For additional information contact Katie Jerkins at (515) 233-2831 or [kjrekins@idph.state.ia.us](mailto:kjrekins@idph.state.ia.us).

## **State Office of Rural Health (SORH)**

In April, Gloria Vermie, SORH director, along with Cheryll Jones, health care services coordinator at the Ottumwa Regional Center, Child Health Specialty Clinics, and David Fries, executive director of Iowa Prescription Drug Corporation, were panelists for a presentation at the [2010 Iowa Governor's Conference on Public Health](#) in Ames. The presentation titled Rural Rocks! was on behalf of the Iowa Rural Health Association. Ms. Vermie also presented at the April 28 Iowa Association of Rural Health Clinics Annual Meeting held at the Iowa Events Center: HyVee Hall in Des Moines. CDs of the recent [Iowa Center for Rural Health and Primary Care Report](#) were distributed to the audiences.

## Health Care Reform and Rural

[The Patient Protection and Affordable Care Act \(PPACA\)](#) is the federal statute that was signed into law on March 23, 2010, along with the [Health Care and Education Reconciliation Act of 2010](#) (signed into law on March 30, 2010). The law includes a large number of health-related provisions to take effect over the next four years, including expanding Medicaid eligibility, subsidizing insurance premiums, providing incentives for businesses to provide health care benefits, prohibiting discrimination based on pre-existing conditions, establishing health insurance exchanges, and support for medical research. [Click here](#) to learn more about how the PPACA affects rural health.

On May 18, the day before their Annual Conference in Savannah, Georgia, the National Rural Health Association (NRHA) will hold a preconference workshop. The workshop will include expert analysis and insight on the historic health reform legislation. [Click here](#) for more information about the NRHA conference and workshop.

# Links, Resources and Maps

## Funding Opportunities

**The Mental Health Professional Shortage Area Program FY 2011 RFP** is available on the IDPH Web site until June 24. Eligible entities include Community Mental Health Centers and hospitals with inpatient psychiatric units. Those entities must be located in a designated [Mental Health Professional Shortage Area](#) and employ or be recruiting a psychiatrist. The program provides up to \$35,000 to facilities to assist in recruiting or retaining a psychiatrist, with an emphasis on psychiatric medical directors.

**Agriculture Secretary Tom Vilsack** announced that funding is available through USDA's Distance Learning and Telemedicine Program to increase educational opportunities and expand access to health care services in rural areas. "By providing state-of-the-art telecommunications equipment to link students with teachers and patients with medical professionals, rural Americans will have access to the best teachers and the best medical systems." Information on how to apply can be found at <http://www.usda.gov/rus/telecom/dlt/dlt.htm>. Applications must be received by May 18, 2010.

**Wellmark 2010 Healthy Communities Grant Program:** Matt McGarvey, director announced Wellmark continues to fund communities in Iowa and South Dakota through technical assistance and financial support. Information and Requests for Proposals (RFP) is now available at [The Wellmark Foundation](#).

**American Recovery and Reinvestment Act of 2009:** Notice of Availability of Funds and Solicitation for Grant Applications for Category 1 - Healthcare Virtual Career Platform and Category 2 - Enhancing the Ability of Community-Based and Faith-Based Organizations to Deliver Virtual Career Exploration Services, including Healthcare Careers <http://edocket.access.gpo.gov/2010/pdf/2010-7869.pdf>.

**Health Careers Opportunity Program:** The goal of the [Health Careers Opportunity Program \(HCOP\)](#) is to assist individuals from disadvantaged backgrounds to undertake education to enter a health profession. The HCOP program works to build diversity in the health fields by providing students from disadvantaged backgrounds an opportunity to develop the skills needed to successfully compete, enter and graduate from health professions schools. Eligible applicants include schools of medicine, osteopathic medicine, public health, dentistry, veterinary medicine, optometry, pharmacy, allied health, chiropractic, podiatric medicine, public or non-profit private schools that offer graduate programs in behavioral and mental health, programs for the training of physician assistants, and other public or private nonprofit health or educational entities, including faith-based organizations and community-based organizations. Closing date for applications is June 1, 2010. The full grant announcement is available [here](#).

## RESOURCES

**Iowa Department of Public Health Bureau of Health Care Access Web site** has a new feature. [The Web page](#) has six tabs across the top of the page. New is the "Resources" tab. The tab includes a variety of state and national hyperlinks, tools, maps and power point presentations.

# Links, Resources and Maps Cont.

**Update for Iowa Department of Public Health Literacy Plain & Simple Web site** [http://www.idph.state.ia.us/health\\_literacy](http://www.idph.state.ia.us/health_literacy). Here's what's new to help with consumer health information and education.

- Tools: One additional style guide, one tool for pharmacists, and a brand new section to help teachers of adults and those studying English as a second language.
- Resources: One link to another statewide health literacy initiative in a neighboring state, two links on cultural competence, and three links to resources for special populations.
- Help for Consumers: Two Web sites for children, teens and their parents

**Iowa State Library Maps:** EBSCOHost, FirstSearch, and Digital Sanborn Maps are information state-funded resources. Access these databases from your computer through library Web site at <http://www.statelibraryofiowa.org>. To log in a State Library card number is needed. Register for a library card online at <http://www.statelibraryofiowa.org/services/state-library-card>.

**The University of Iowa Library: Hardin Library for the Health Sciences** offers an Institute for Quality Healthcare guide that lists free resources for all member clinics. Contact information [chris-childs@uiowa.edu](mailto:chris-childs@uiowa.edu) or call (319) 335-9849 at the University of Iowa Hardin Library for the Health Sciences. [Iowa go Local](#) is a free electronic directory that connects to health care providers in any of the 99 counties across the state.

**"The Iowa State Profile Tool: Assessment of Iowa's Long-Term Care System"** is [available](#) on the [Iowa Department of Aging](#) Web site.

**The Iowa Geriatric Education Center** makes numerous [resources](#) available and "promotes the development of sustainable, high quality training programs to improve the training of health professionals in geriatrics, develop and disseminate curricula for treating the health problems of elders, support the training and retraining of faculty who teach geriatrics, develop continuing education for health professionals who provide geriatric care, and provide students with clinical training in geriatrics."

## Books

**Medical and Health Care Books:** Visit [The National Academies Press](#), the authority source for all books from the National Academy of Science, the National Academy of Engineering, the Institute of Medicine and the National Research Council. Download books free – read books online free – purchase books and PDF documents – review research projects and ideas.

**"Handbook for Rural Health Care Ethics: A Practical Guide for Professionals:"** The [Handbook for Rural Health Care Ethics](#) uses a case-based approach to analyzing, solving and anticipating health care ethics dilemmas. The handbook is authored by physicians, nurses, health-care ethicists, and hospital administrators who all had scholarship or expertise in rural ethics, and was funded by a grant from the National Institutes of Health: National Library of Medicine.

**Iowa Born Author Douglas Bauer** recently lectured and signed copies of his book *Prairie City, Iowa: Three Seasons at Home* at Simpson College. The book is a brilliant report on life in a small town in rural Iowa. Bauer has taught at Harvard and been writer-in-resident at Rice University. [Click here](#) for information about the book.

# Calendar and Events

## **Building Relationships with Native American Populations Cultural Competency 101**

May 18-19, 2010

Northern Plains Comprehensive Cancer Control Program

Native American Cancer Research

Iowa Department of Public Health's Comprehensive Cancer Control Program

Coralville, Iowa

Registration: Deadline is April 30, 2010

Contact: Lynn Big Eagle [lbigeagle@aatchb.org](mailto:lbigeagle@aatchb.org)

## **2010 Agricultural Medicine-Occupational and Environmental Health for Rural Health Professionals**

Session I: June 7-11, 2010

Session II: June 9-11, 2010

Iowa City, Iowa

Registration: Contact Kay Mohling at (319) 335-4219

<http://www.public-health.uiowa.edu/icash>

## **VA Update: Increased Services for Veterans**

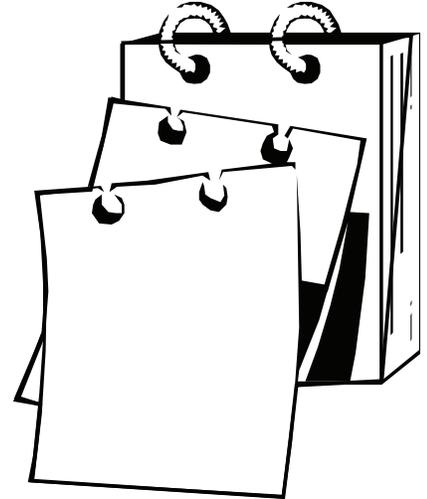
May 6, 2010

Listen & Learn Webinar

Iowa Rural Health Association

Registration <http://www.iaruralhealth.org>

Contact: Melissa Primus at (515) 282-8192



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# ACCESS UP *date*

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